STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	003000	A. BUILDING: _____ B. WING _____	C 12/16/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
KINGSTON AT DUPONT	1716 E DUPONT RD FORT WAYNE, IN 46825

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R 000	INITIAL COMMENTS This visit was for the Investigation of Complaint IN00140776. Complaint IN00140776-Substantiated, no deficiencies related to the allegations are cited.. . Survey Date: December 16, 2013 Facility number: 003000 Provider number: N/A AIM number: N/A Survey team: Angela Strass, RN Census bed type: Residential: 37 Total: 37 Census payor type: Other: 37 Total: 37 Sample: 1 Kingston at Dupont was found to be in compliance with 410 IAC 16.2 in regard to the Investigation of Complaint Number IN00140776. Quality Review 12/17/13 by Lisa McColly	R 000		